

10/522090

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

193pus

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	29 minus 20 = *	9
INDEPENDENT CLAIMS	1 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	Rate
BASIC FEE		BASIC FEE
EXAM. FEE		EXAM. FEE
SEARCH FEE		SEARCH FEE
X \$ 125 =		X \$ 250 =
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+ \$ 180 =		+ \$ 360 =
TOTAL		OR TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
ADDITIONAL FEE		ADDITIONAL FEE
RATE	TIONAL FEE	RATE
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+ \$ 180 =		+ \$ 360 =
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

ADDITIONAL FEE	OR	ADDITIONAL FEE
RATE		RATE
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+ \$ 180 =		+ \$ 360 =
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter '20'.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter '3'.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # <u>10/522090</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing		(	21 Jan 05	\$ <u>5500</u>
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>500</u>	
		8 TO BE REFUNDED BY:		
		Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #: <u>03-2412</u>	
<input type="checkbox"/> Duplicate Payment				
No Fee Due (Explanation):     				
11 REFUND REQUESTED BY:		<i>Darlene L 703</i>		
TYPED/PRINTED NAME: _____		TITLE: <u>Larabale</u>		
SIGNATURE: <u>P. Kidwell</u>		PHONE: <u>308-9140 ext 216</u>		
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B